



A Guide To...

*Completing
Your CalPERS
Disability
Retirement
Election
Application*



California
Public Employees'
Retirement System

Table of Contents

Emergency Disability Retirement.....	2	Retirement Forms	29
Service Retirement Pending Disability Retirement.....	3	Disability Retirement Election Application	
Refund of Contributions vs. Retirement.....	3	Retirement Allowance Estimate Request	
Cancelling Your Application	3	Justification for Non-Signature of Spouse	(PERS-BSD-800-A)
Independent Medical Exams	4	Beneficiary Designation	
Injury Caused by a Third Party	4	Justification for Non-Signature of Spouse	(PERS-BSD-800-B)
Disability Retirement	7	Request for Employee Information	
Requesting a Disability Retirement		Authorization to Release Information	
What Happens Next?		Medical Report	
After You Retire		Workers' Compensation Carrier Request	
Industrial Disability.....	13	Report of Separation & Advance Payroll	Information
Requesting an Industrial Disability Retirement		Direct Deposit Authorization	
What Happens Next?		Is My Paperwork in Order?	
After You Retire		Where to Send Retirement Forms	
The Step-By-Step Guide To Completing Your Disability Retirement Application	19	Other Things to Consider	65
Section A – Member Information		Health Coverage	
Section B – Retirement Information		Dental Coverage (State Members Only)	
Section C – Workers' Compensation Information		Vision Care (State Members Only)	
Section D – Disability Information		Long-Term Care Program	
Section E – Option Election		Other Deduction Payments	
Section F – Retired Death Benefit		Vesting for School and Other Part-Time	Members
Section G – Survivor Continuance		Changing Your Option Election Or	Beneficiary After Retirement
Section H – Employer Certification		How to Reach CalPERS	
Section I – Tax Withholding Election			
Section J – Member Signature & Notary			
Section K – Employer-Originated Application			
Information			
Your Notification of Retirement Allowance			

This package contains information and forms for a CalPERS Disability or Industrial Retirement.

*If you want to apply for a Service Retirement, contact CalPERS for
A Guide to Completing Your Service Retirement Election Application (PERS-PUB-43).*

CalPERS wants to make your transition into retirement a smooth one. And while you have some steps you need to take to complete the necessary forms and make your benefit decisions, the information provided in this package should make these efforts easy.

You should apply for your disability or industrial disability retirement as soon as you believe you are unable to perform your job because of an illness or injury that is expected to be permanent or last longer than six months. Once your *Disability Retirement Election Application* is received at CalPERS, we can begin your retirement process.

A Guide To...

Completing Your CalPERS Disability Retirement Election Application



Having the right information is the key to making informed retirement decisions. To help you, CalPERS has a variety of information on retirement subjects. You can get a copy of CalPERS materials from your employer or at any CalPERS Regional Office. The CalPERS On-Line web site (www.calpers.ca.gov) also has information on all our programs and services, and all our publications are available on-line.

You should ask CalPERS to complete an estimate for you by using the *Retirement Allowance Estimate Request* form in this package. (Employer-originated applications should be submitted without the “Option Election” and “Tax Withholding” information.)

To get started, review the general disability retirement information on the next few pages and the sections that follow on Disability Retirement and Industrial Disability Retirement. They will help you determine which type of retirement applies to you, what steps you need to take, and what information CalPERS will need to process your request.

Then use the Step-By-Step Guide to assist you in completing your application. Be sure to also review the **Other Things to Consider** section to help you make sure all the “bases are covered” for your retirement.

Emergency Disability Retirement

CalPERS can expedite retirement processing for those who are facing a terminal illness. If this is your case, contact CalPERS or your employer immediately to discuss an emergency retirement. We will make every effort possible to quickly obtain the necessary information and complete our processing. (However, for any post-retirement death benefits to be paid, you must be living on the effective date of your retirement.)



Service Retirement Pending Disability Retirement

You have the option to apply for a “service” retirement pending your disability or industrial disability retirement (if you qualify for a service retirement). This would allow you to receive a monthly service retirement allowance while awaiting the determination of your disability application.

If you are approved for disability or industrial disability retirement, but find that a service retirement is more advantageous, you may request that your retirement be changed to a service retirement. This request must be made prior to the effective date of your disability retirement, or within 30 days after the date of the letter approving your disability application.

To apply for a service pending retirement, check the **Service Pending Disability Retirement** or **Service Pending Industrial Disability Retirement** box on the *Disability Retirement Election Application* form. **Service pending applications cannot be submitted to CalPERS more than 90 days in advance of your retirement date.**

If you want to apply for service retirement only, you will need to contact CalPERS for *A Guide to Completing Your Service Retirement Election Application* booklet (PERS-PUB-43).

Refund of Contributions vs. Retirement

Any time prior to the mailing of your first disability retirement check, you may choose to receive a refund of your accumulated member contributions in a lump sum, rather than a retirement allowance. To do so, you need to make this request to CalPERS in writing.

If you take a refund rather than retire, your membership in CalPERS terminates and you are ineligible for any future CalPERS retirement benefits (unless you later return to work for an employer covered by CalPERS).

Cancelling Your Application

Your *Disability Retirement Election Application* can be cancelled any time **before** it is officially approved. To cancel your application **after** it is determined you are disabled, you will need to provide medical evidence stating you can return to full unrestricted duties before a cancellation can be considered. Your cancellation request must be submitted in writing to our Headquarters in Sacramento.

CalPERS can cancel your application if you fail to provide the information needed to make a determination on your disability retirement or you do not meet the eligibility requirements for disability or industrial disability retirement.

If your employer submitted the application, you cannot cancel the application unless you choose to refund your contributions. This would end your membership with CalPERS. However, your employer may cancel the application at any time **before** it is approved. Both you and your employer have the right to appeal a CalPERS disability determination.

Independent Medical Exams

CalPERS may need to arrange for you to have an Independent Medical Examination (IME) to make a disability determination. During this IME, an independent doctor will evaluate your disability.

If an IME is needed, CalPERS will notify you by certified letter of the date, time, and location of your appointment. If you are unable to keep this appointment or you need to change it, it is very important that you notify CalPERS immediately.

CalPERS will pay for the IME. By law, travel expenses are not reimbursable unless you travel a distance of more than 50 miles one way. If you are traveling from out-of-state, travel expenses are paid only from the California border to the appointment location.

Injury Caused by a Third Party (Subrogation)

Under the law, if someone other than your employer caused an injury that results in disability retirement benefits being paid to you, CalPERS has the right to recover up to one-half of the total retirement benefit costs from the responsible party. This right is known as a “right of subrogation”.

If you pursue a claim against any person for the same injuries that also entitle you to a disability retirement from CalPERS (other than a Workers’ Compensation claim or an uninsured motorist claim), you must inform CalPERS. This is true even if the claim has not yet resulted in a court action. CalPERS has the right to participate in the claim through filing its own action against the responsible party, intervening in your claim, or filing a lien against any judgment you may recover. If you settle such a claim without notifying CalPERS, we may also be entitled to file a lawsuit against you for recovery under our subrogation rights.







Disability *Retirement*



If you have a disabling injury or illness that prevents you from performing your job duties, you may be eligible for a disability retirement. The cause of your disability does not need to be related to your employment. If you retire, you will receive a monthly retirement payment for the rest of your life (or until you recover from your disabling injury or illness).

If your disability is the result of a job-related illness or injury, **and** you are a Safety, State Peace Officer/Firefighter, State Industrial, or State Patrol member, you may be entitled to an industrial disability retirement. (This benefit is also available to Miscellaneous members working for local public agencies if your employer has contracted to provide this benefit, and to certain State Miscellaneous members specified by law.) If you think this is true for your situation, review the **Industrial Disability** section of this package for more information.

A CalPERS member who has at least five years of service credit is eligible for a disability retirement. However, State Second Tier members must have 10 years of service credit. If you have State Second Tier service and other CalPERS-covered service that gives you a combined total of five years of credited service, you may still qualify. If you think you do not meet these requirements, you may want to contact a CalPERS Regional Office to find out if an exception will apply to you.

There is no minimum age requirement for disability retirement. You may apply for a disability retirement:

- while you are in CalPERS-covered employment; or
- within four months of separation from CalPERS-covered employment; or
- at any time, if you “separated” from or left your job because of a disability **and** you have remained disabled since then; or
- while on military or approved leave.



Requesting a Disability Retirement

You (or someone on your behalf, such as your employer) may file a *Disability Retirement Election Application* for your retirement. You should apply as soon as you believe you are unable to perform your job duties because of an illness or injury that is expected to be permanent or last longer than six months.

In order for CalPERS to process your request for a disability retirement, we must receive:

- a completed *Disability Retirement Election Application*;
- your authorization to release medical and employment information to CalPERS;
- medical reports from your doctor and other medical practitioners with a diagnosis of your disabling condition (including information about how it prevents you from performing your job duties); and
- a description of your job duties from your employer.

All the forms you will need are included in the **Retirement Forms** section of this package. Be sure you use the Step-By-Step Guide, the Required Documents Checklist, and the Where to Send Forms section when completing your application, so CalPERS receives complete, accurate information. This will ensure that your request is completed in a timely manner.

What Happens Next?

After you submit your *Disability Retirement Election Application* and it is received at our Sacramento Headquarters, you will receive an “acknowledgment letter” letting you know we have begun processing your request.

When CalPERS receives all of the necessary documentation and forms, we will review your file to see if the information received is current and complete, and if a determination can be made. If not, it may be necessary to request additional information or an Independent Medical Exam.

Generally a disability determination can be made in three months (after CalPERS receives all the required information).

Local Safety Member Determination

The determination on a disability retirement application for a Safety member of a local public agency is made by the local governing body — not CalPERS. Their decision is submitted to CalPERS through a “resolution”.

You will still submit your application to CalPERS, and you are still subject to the same laws regarding application, amount of benefits, and eligibility. The only difference is that when CalPERS receives your application, we will notify your employer, who will determine if you are substantially disabled. Your employer may take up to six months to make the determination after being notified by CalPERS. (You have the right to waive this time limit.)

If it is determined that you are not disabled, you may appeal the decision to the authority that made the determination (not CalPERS).

After You Retire

Working During Retirement

If you go to work for an employer who is not in CalPERS and perform duties within the limitations of your disabling condition, there are no limits to the number of days you may work. However, the earnings you receive from this employer must be reported to CalPERS until you reach the minimum age for service retirement for the position from which you retired.

You may not be employed by any State agency or a public agency that contracts with CalPERS without reinstating from disability retirement. The law provides for limited exceptions to this rule. If you need information on these exceptions, contact CalPERS at (800) 352-2238 or request the ***Employment After Retirement*** booklet (PERS-PUB-33).



Reinstatement from Disability Retirement

If you recover from the injury or illness that resulted in your disability retirement and you wish to return to work for an employer in CalPERS, you must first apply for reinstatement from retirement. If new medical evidence shows that you have recovered, you will be approved for reinstatement from retirement. (State members may have a mandatory right to return to the job classification from which they retired.) Once you have been returned to employment, your allowance will stop and you will be an active CalPERS member again.

CalPERS has the authority to periodically re-evaluate your medical condition to determine if you have recovered from your disability — until you reach age 50 (age 55 for State Second Tier and members under the 1.5% at 65 formula). For public agency Safety members, your employer also has the right to such re-examination until you reach age 50.

You can find out more about reinstatement by reviewing the ***Reinstatement from Retirement*** booklet (PERS-PUB-37).





Industrial *Disability Retirement*



An industrial disability means that you are unable to perform the duties of your job because of a job-related injury or illness that is expected to be permanent or last indefinitely. If your application for industrial disability retirement is approved, you will receive a monthly retirement payment for the rest of your life (or until you recover from your disabling injury or illness).

There is no minimum service or age requirement for an industrial disability retirement. However, to qualify for this benefit, you must be employed in one of the CalPERS membership categories shown below. (Carefully review any special limitations that are noted. If you are not sure of your membership category, check with your Personnel Office.)

State Safety, State Peace Officer/Firefighter, State Patrol, Local Safety, and certain State and Local Miscellaneous members may be eligible for industrial disability retirement if your disability is job-related.

State Industrial members must show that you were violently attacked by an inmate or parolee of the Department of Corrections, the Youth Authority, or a forensic facility of the Department of Mental Health which resulted in your disability.

Most ***State Miscellaneous*** and ***School*** members are not eligible for an industrial disability retirement, but would qualify for a disability retirement if it is determined you are disabled. There are some limited exceptions to this rule under the law. For more information, contact

CalPERS at (800) 352-2238. ***School Safety*** members are eligible if your disability is work-related. ***Local Miscellaneous*** members are eligible only if your employer contracts with CalPERS to provide this benefit.

If your disability is not job-related, or if you are a ***Local Miscellaneous*** member and your employer does not contract with CalPERS to provide this benefit, you may be eligible for disability retirement. (See the **Disability Retirement** section for more information.)

If you are a State member in a bargaining unit that has agreed to be subject to the NextSTEP program, you must show that your illness or injury substantially prevents you from performing any job in State service as determined by the Department of Personnel Administration. You must also show that your disability was either caused by your job or that you were violently attacked by an inmate. Contact your employer to get your application for NextSTEP retirement. Your NextSTEP application should be submitted directly to the Department of Personnel Administration.



Requesting an Industrial Disability Retirement

You (or someone on your behalf, such as your employer) may file a *Disability Retirement Election Application* for your retirement. You should apply as soon as you believe you are unable to perform your job because of an illness or injury that is expected to be permanent or last longer than six months.

You do not need to wait until your condition is “permanent and stationary” under Workers’ Compensation to submit your application. A Workers’ Compensation award does **not** automatically entitle you to a CalPERS industrial disability retirement. Medical evidence will be required to show that you meet the CalPERS definition of disability. If you do, your Workers’ Compensation award for the same illness or injury may be used as evidence that your condition is job-related.

(If you are a State member in a bargaining unit subject to the NextSTEP program, you should apply for industrial disability retirement on a separate application to the Department of Personnel Administration (see your employer). All other members should apply directly to CalPERS.

In order for CalPERS to process your request for an industrial disability retirement, we must receive:

- a completed *Disability Retirement Election Application*;
- your authorization to release medical and employment information to CalPERS;
- medical reports from your doctor and other medical practitioners with a diagnosis of your disabling condition (including information about how it prevents you from performing your job duties); and
- a description of your job duties from your employer.

All the forms you will need are included in the **Retirement Forms** section of this package. Be sure you use the Step-By-Step Guide, the Required Documents Checklist, and the Where To Send Forms section when completing your application, so that CalPERS receives complete, accurate information. This will ensure that your request is completed in a timely manner.



What Happens Next?

After you submit your *Disability Retirement Election Application* and it is received at our Sacramento Headquarters, you will receive an “acknowledgment letter” letting you know we have begun processing your request.

When CalPERS receives all of the necessary documentation and forms, we will review your file to see if the information received is current and complete, and if a determination can be made. If not, it may be necessary to request additional information or an Independent Medical Examination.

Generally, an industrial disability determination can be made in three months (after CalPERS receives all the required information). If your application is approved, you will be retired and begin to receive a monthly payment from CalPERS.

If it is determined that you are not disabled, you may appeal this decision to the authority that made the initial determination (CalPERS or the Department of Personnel Administration). If it is determined that you are disabled but that your disability is not job-related, you may appeal this decision to the Workers’ Compensation Appeals Board.

Local Safety Member Determination

The determination on an industrial disability retirement application for a Safety member of a local public agency is made by the local governing body — not CalPERS. Their decision is submitted to CalPERS through a “resolution”.

You will still submit your application to CalPERS and you are still subject to the same laws regarding application, amount of benefits, and eligibility. The only difference is that when CalPERS receives your application, we will notify your employer, who will determine if you are substantially disabled and if the disability is industrial. Your employer may take up to six months to make the determination after being notified by CalPERS. (You have the right to waive this time limit.)

If it is determined that you are not disabled, you may appeal the decision to the authority that made the determination (not CalPERS).

After You Retire

Working During Retirement

If you go to work for an employer who is not in CalPERS and perform duties within the limitations of your disabling condition, there are no limits or restrictions to the number of days you may work. You may not be employed by any State agency or a public agency that contracts with CalPERS without reinstating from industrial disability retirement. (The law provides for limited exceptions to this rule. If you need more information on these exceptions, contact CalPERS at (800) 352-2238 or request the *Employment After Retirement* booklet (PERS-PUB-33).

Reinstatement from Industrial Disability Retirement

If you recover from the injury or illness that resulted in your industrial disability retirement and you wish to return to work for an employer in CalPERS, you must first apply for reinstatement from retirement. If new medical evidence shows that you have recovered, you will be approved for reinstatement from retirement. (State members may have a mandatory right to return to the job classification from which you retired.) Once you have been returned to employment, your allowance will stop, and you will be an active CalPERS member again.

CalPERS has the authority to periodically re-evaluate your medical condition to determine if you have recovered from your disability — until you reach age 50. (For public agency Safety members, your employer also has the right to such re-examination until you reach age 50.)

You can find out more about reinstatement by reviewing the ***Reinstatement from Retirement*** booklet (PERS-PUB-37).



The Step-By-Step Guide *to Completing Your Disability Retirement Application*



While the *Disability Retirement Election Application* form is not complex, it does require a lot of detailed information. We suggest you remove the application from the **Retirement Forms** section of this package so you can follow the step-by-step instructions for each section while you are completing it.

First, select the appropriate retirement type from the list at the top of the form.

Section A — Member Information

This section tells CalPERS about you.

- Enter your **full first** and **last name** and your **middle initial**.
- Enter your **Social Security number**. This is needed for CalPERS to obtain your employment information from our records.
- Enter your **mailing address**. We need your home address or P.O. Box number, including **city, state, ZIP code**, and **country**. Your monthly retirement check will be mailed to this address, unless direct deposit is established. CalPERS will also use your home address to mail your annual tax statement and other information to you. To select direct deposit, please complete the *Direct Deposit Authorization* form in this package.
- Enter if you are **male** or **female**.
- Your **date of birth** is needed to verify that our records are correct. We want to make sure this is accurate, since your age is one of the components used to determine your retirement benefits.
- Enter your **work** and **home telephone numbers (include area codes)**, so we can reach you if we have any questions or need more information.

Section B — Retirement Information

This section tells us when you want to retire and provides other information needed to determine your benefits.

- Enter the actual **retirement date** you have chosen. Remember, your retirement may be effective any day of the week, Sunday through Saturday. It is usually the day following your last day of work or authorized paid leave of absence. However, it cannot be earlier than the first of the month in which CalPERS receives your application.
- Add the **name of your employer**. This should be the full name of the CalPERS-covered agency you are currently working for. If you are no longer an active member, list the agency where you last worked.
- Enter your **position title**. This information should not be abbreviated or be an acronym. Please list the position title in full.
- Your **final compensation** is the highest average salary during any consecutive one-year or three-year period. Which compensation period you use depends on your employer's contract with CalPERS. If you are not sure, ask your Personnel Office.

To calculate the final compensation, we take your last day on payroll and go back 12- or 36-consecutive months. If you wish to specify a different period when your compensation may have been higher, enter that information.

- If you are a member of another California public retirement system (other than Social Security, military, or railroad retirement), you need to complete the information in **other retirement systems**. Please list the complete **name of the California retirement system**. (Do not abbreviate.) Also enter the **date of retirement** from that system.

To receive the highest possible benefit amount, your CalPERS retirement date must be the same as the retirement date from the other system. You will need to submit retirement applications to each system. For more information, review the *When You Change Retirement Systems* booklet (PERS-PUB-16).

Section C — Workers' Compensation Information

If you have filed a Workers' Compensation claim for your current injury or illness, you must complete the Workers' Compensation information requested on the application. *To expedite your application, also complete a Workers' Compensation Carrier Request form and submit it to your employer's Workers' Compensation insurance carrier for completion.*

- Enter the name of the **workers' compensation carrier** you have filed a claim with.
- Provide the **full name of the adjuster** who is handling your file.
- Provide the **telephone number** of the adjuster.
- Add the **address, city, state, and ZIP code** of the Workers' Compensation carrier.
- List the **claim number(s)** and **date(s) of injury**.

Section D — Disability Information

This section provides CalPERS with information about your disability. Please answer all the questions to the best of your knowledge. If you need additional room, you may attach additional pages.

- Be sure to enter the **name of your treating physician**.
- Add any appropriate **medical record numbers**.
- Enter the **address, city, state, and ZIP code** of your **treating physician**.



Section E — Option Election

(This section should not be completed by the employer.)

This section will tell CalPERS which retirement allowance option you have chosen. Please keep in mind that the **option chosen will be calculated based on payroll information on file when your application is submitted**. The amount at retirement may be adjusted after final payroll information is received. Option elections are lifetime monthly allowances.

You need to decide if you want the **Unmodified Allowance**, or **Option 1**, **Option 2**, **Option 2W**, **Option 3**, **Option 3W**, or **Option 4**. More information on each of these choices is provided here to assist you in making your decision. The retirement estimate you should have received provided you with a projection of the retirement benefits you and your beneficiary would receive for each of these choices.

Your election choices are:

- The **Unmodified Allowance** — This is the highest monthly allowance you can receive. However, it does not provide a continuing allowance to a beneficiary, and there is **no return of any unused member contributions after your death**.

Or, you may elect to receive one of the following options. Each option reduces your unmodified allowance, but provides a payment to a beneficiary.

- **Option 1** — Upon your death, any unused member contributions in your account will be paid to your beneficiary in a lump sum. Option 1 does not provide a continuing allowance to a beneficiary. You may name more than one person as beneficiary by completing the *Beneficiary Designation* form in this package. (Option 1 is not available to members who have all State Second Tier service, since you did not make member contributions.)

- **Option 2** — The same retirement allowance you receive will be paid to your designated beneficiary for life. If Survivor Continuance (see Section G) applies and your beneficiary is not your eligible survivor, the beneficiary's allowance will not include the survivor continuance portion. Your retirement allowance will increase back to the Unmodified Allowance amount **if**:

- your beneficiary dies first; **or**
- your non-spouse beneficiary waives entitlement to the Option 2 benefit; **or**
- your beneficiary is your spouse and upon a divorce, legal separation, or annulment you provide CalPERS with a *judgment* that awards you the entire interest in your CalPERS benefits.

- **Option 2W** — As an alternative to Option 2, you may elect the slightly higher allowance under Option 2W. However, your allowance will not increase back to the Unmodified Allowance amount under the scenarios shown in Option 2.

- **Option 3** — In this option, one-half of your monthly retirement allowance will be paid to your beneficiary for life. If Survivor Continuance applies and your beneficiary is not your eligible survivor, the beneficiary's allowance will not include the Survivor Continuance portion. Your retirement allowance will increase back to the Unmodified Allowance amount **if**:

- your beneficiary dies first; **or**
- your non-spouse beneficiary waives entitlement to the Option 3 benefit; **or**
- your beneficiary is your spouse and upon a divorce, legal separation, or annulment you provide CalPERS with a *judgment* that awards you the entire interest in your CalPERS benefits.

- **Option 3W** — As an alternative to Option 3, you may elect to receive the slightly higher allowance under Option 3W. However, your allowance will not increase back to the Unmodified Allowance amount under the scenarios shown in Option 3.

- **Option 4** — Option 4 allows you to customize your monthly allowance to best suit your needs; however, there are some limitations. In addition, Option 4 has no provision for an allowance increase back to the Unmodified Allowance amount as provided in Options 2 and 3. To understand more on this option and review examples of the types of Option 4 allowances currently available, see the *Retirement Option 4* booklet (PERS-PUB-18).

If you elect the Combination 2W-1 or 3W-1 type of Option 4 allowance (see booklet for more details), you must complete the *Beneficiary Designation* form for your Option 1 balance.

- **Beneficiary Information** — Enter the **name, birth date, sex, Social Security number, relationship, and address** of the beneficiary you designate to receive continuing benefits after your death. (Do not complete this section if you are electing Option 4 with multiple beneficiaries.)

Once you have completed this section, be sure you review the Required Documents Checklist carefully to determine which beneficiary or survivor documentation you will need to submit with your application.

Section F — Retired Death Benefit

The lump-sum death benefit is payable upon your death, in addition to any payment under the option you select. You can name anyone you choose to receive this benefit. The amount payable is based on your employer's contract with CalPERS.

- For State, California State University, or University of California members, the Retired Death Benefit is \$2,000.
- For school members, it is \$600, unless your employer has elected a higher amount.
- For public agency members, the lump-sum death benefit is based on the employer's contract, and it can range from \$500 to \$5,000.

To name more than one beneficiary for the Retired Death Benefit, you must complete the *Beneficiary Designation* form provided in this package. You may change your beneficiary at any time by submitting a revised *Beneficiary Designation* form. A change in your marital status or the birth or adoption of a child after retirement automatically revokes your original designation.



Section G — Survivor Continuance

Survivor Continuance applies to all State and school members. Public agency members are eligible for this benefit **only** if your employer has contracted to provide it. If you are not sure if you are covered by this benefit, check with your Personnel Office. Benefits are paid to an eligible survivor, regardless of which option you elect.

Be sure you complete all the boxes in this section that apply to your situation. **Eligible survivors are:**

- a spouse who was married to you on the effective date of your disability retirement and continuously until the time survivor benefits become payable, or if none;

NOTE: if you are applying for a service retirement pending, your eligible survivors are a spouse who was married to you at least one year prior to your retirement and continuously until the time survivor benefits become payable, or if none;

- unmarried children under age 18, or an unmarried disabled child who became disabled prior to age 18 and whose continuing disability renders the child incapable of gainful employment, or if none;
- an economically-dependent parent.

Payments to children stop at age 18, or upon their marriage, death, or recovery from disability.

The amount of the monthly benefit varies, depending on if you are or are not covered by Social Security.

If your service credit **is not** covered by Social Security, the Survivor Continuance is 50 percent of your Unmodified Allowance (based on actual service with an employer that provides this benefit). If your service credit **is** covered by Social Security, the Survivor Continuance is 25 percent of the Unmodified Allowance.



Section H — Employer Certification

If you are currently employed by a CalPERS-covered agency, your employer **must** complete this section. (You may want to make a copy of these instructions for your employer's use.) If you left employment at a CalPERS-covered agency more than four months ago, you are **not** required to complete this section.

- Enter the **employee's last day on payroll**, which is the last day your employee will receive pay or paid leave. In most situations, this will be the same day as the separation date.
- Enter the **employee's separation date**, which is the last day your employee will be considered in employment status. This date cannot be later than one day before the retirement date.
- If your agency contracts for unused sick leave credit, enter the **unused sick leave days** as of the employee's separation date.
- Enter the **balance of educational leave credits** (in days) as of the employee's separation date.
- The **employer signature** is required.
- Also add the **printed name** of the person signing the certification.
- Enter the **title** of the person signing the certification.
- Enter the **telephone number** of the employer.

Section I — Tax Withholding Election

(This section should not be completed by the employer or if you are applying for industrial disability.)

This section tells CalPERS how you want to have your tax withholding handled. To assist you in making this decision, see the *Taxes and Your Retirement* booklet (PERS-PUB-34), or talk with your tax advisor. You can change your withholding at any time by completing another CalPERS tax withholding form.

- Under each section, **federal tax withholding** and **State of California tax withholding**, you can make only one election. Choose between no withholding, withholding a flat dollar amount, or withholding based on the tax tables.
- If you do not make an election, or if an invalid election is received, CalPERS is required by law to withhold taxes as if you are married with three exemptions.
- If you are applying for an industrial disability retirement and it is determined your benefits are not totally excluded from taxation, you will receive a tax withholding form before you receive your first retirement check.

Section J — Member Signature & Notary

Once the form is completed, **your signature** and **your spouse's signature** must be notarized by a Notary Public or witnessed by a CalPERS representative at any CalPERS office. If you reside in a foreign country, the Consulate may witness your form.

If you are married, your current spouse must sign to acknowledge your election of a retirement benefit. If you are not able to obtain your spouse's signature, you must complete the *Justification for Non-Signature of Spouse* form and submit it to CalPERS before any retirement benefits can be paid. If you are single, the justification form is not required, simply mark the box "I am not married".

Section K — Employer-Originated Application Information

If your employer is submitting the application, they must complete this section.

Employers should not complete Section E — Option Election or Section I — Tax Withholding Election.

- Print the **name of the authorized representative** of the employer.
- Enter the **title** of the authorized representative of the employer.
- The authorized representative of the employer must **sign** where indicated.
- Enter the **date** the application is signed.
- Provide the **telephone number**.

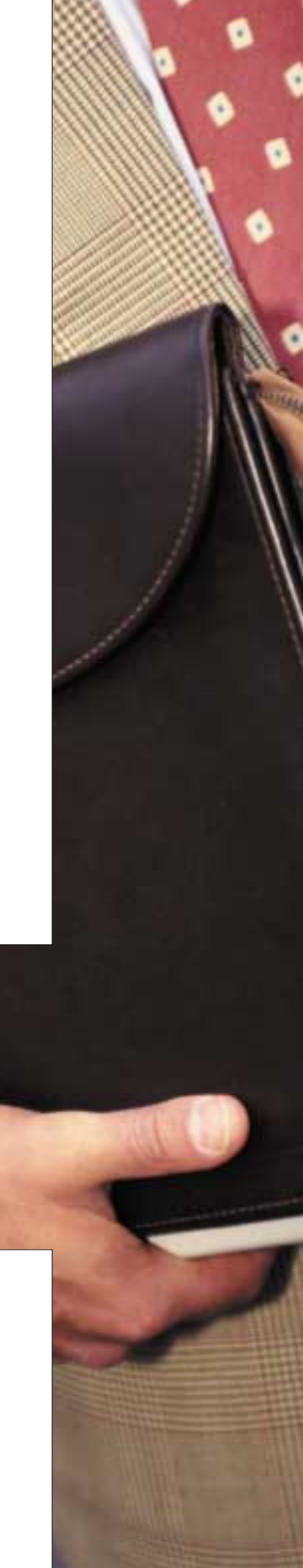
Your Notification of Retirement Allowance

If your disability application is approved, you will be retired. Before you receive your first retirement benefit check, CalPERS will send you a letter informing you of the date of your first retirement check, the amount you can expect to receive, and important income tax information. If you have CalPERS health coverage, the letter will also have information regarding these benefits. You should keep this letter, along with other CalPERS information you may have, in the folder at the back of this booklet.





Retirement *Forms*



In addition to the *Disability Retirement Election Application* form, this package contains some other forms you may need.

Retirement Allowance Estimate Request (PERS-MSD-470)

This form can be used to request an estimate of retirement and survivor benefits.

You may want to use this form to request an estimate of your future disability retirement benefits. Having this information can help you make an informed decision when you are selecting your retirement benefit option.



Justification for Non-Signature of Spouse (PERS-BSD-800-A or B)

Since CalPERS requires proof that your spouse is aware of the selection of benefits you have made, you must complete this form if your spouse does not sign an election or designation form.

If you are married but are not able to obtain your spouse's signature on your *Disability Retirement Election Application* form, you must complete the *Justification for Non-Signature of Spouse* (PERS-BSD-800-A). If you need to submit a *Beneficiary Designation* form along with your application, and your spouse does not sign that form, you must complete another *Justification for Non-Signature of Spouse* form (PERS-BSD-800-B). Your election cannot be processed without either your spouse's signature or these forms.

Beneficiary Designation (PERS-BSD-509)

This form is required for you to designate any person, corporation, or your estate as beneficiary for the Lump-Sum Death Benefit, the Option 1 balance, the Temporary Annuity balance, or Option 4 – Option 1 balance.

The law designates that your beneficiaries are, in the order shown: 1) your spouse; 2) your children; 3) your parents; 4) your brothers and sisters; 5) your trust; or 6) your estate, if probated. However, you can designate a different order or name anyone you choose by completing the *Beneficiary Designation* form.

If you want to designate a trust as your beneficiary, you should provide the name of the trust, date of the trust, and the name and address where the trust is filed. Do not designate the trustee by name, since this could change.

Your spouse must be made aware of your beneficiary designation selection. If you are married but are not able to obtain your spouse's signature on your *Beneficiary Designation* form, you must complete the *Justification for Non-Signature of Spouse* form. You must submit one form (PERS-BSD-800-A) for your *Disability Retirement Election Application* form **and** one for the *Beneficiary Designation* form (PERS-BSD-800-B).

Request for Employee Information (PERS-BSD-64)

This form gives CalPERS permission to request needed job duty information from your employer. You must sign this form and send it to your employer.

Authorization to Release Information (PERS-BSD-35)

This form gives CalPERS permission to request medical information as well as personnel and other employment-related information. There are two copies of this form in this package. You must sign both forms and send both to CalPERS.

Medical Report (PERS-BSD-1372)

This form is to be completed by your treating physician and provides CalPERS with information about your medical condition.

Workers' Compensation Carrier Request (PERS-BSD-92)

This form is to provide CalPERS with information from your claim of work-related illness or injury. (Be sure to review the specific instructions on the back of this form.)

Report of Separation & Advance Payroll Information (PERS-BSD-194)

This form provides CalPERS with the payroll information required to begin disability retirement payments. You must complete the top of the form and send it to your employer.

Direct Deposit Authorization (PERS-BSD-1199P)

This form is optional and can be completed at any time before or after retirement.

CalPERS provides a safe way to deliver your monthly retirement allowance. Direct deposit places your retirement allowance electronically into your checking or savings account. This can reduce the risk of loss, theft, or forgery; give you immediate and uninterrupted deposits; eliminate the inconvenience of checks; and provide you with a monthly statement of itemized deductions.

To enroll, complete the *Direct Deposit Authorization* form in this package. Your financial institution must be a member of the Automated Clearinghouse Association to accept a direct deposit from CalPERS. You will receive your monthly benefit by direct deposit approximately 60 days after CalPERS receives the authorization form. For more information, see the ***Direct Deposit of Your Monthly Benefit*** booklet (PERS-PUB-32) .



Is My Paperwork in Order? (Required Documents Checklist)

Use the following checklist to make sure you have all the necessary documentation to go with the forms you need to provide to CalPERS. Remember, you should always include your Social Security number on any documents you submit to CalPERS. Never send originals of your documents — CalPERS accepts copies of these important papers.

If all documentation has not been filed with CalPERS at the time of your death, it may be necessary to delay payment of death benefits until the missing documents are received. This could impose a hardship on your beneficiary.

Disability Retirement Election Application

Sections A through D

- ☐ No documentation required.

Section E

If you chose the **Unmodified Allowance or Option 1**:

- ☐ No documentation required.

If you chose **Option 2, 2W, 3, 3W, or 4**:

- ☐ Copy of your beneficiary's birth certificate.

If the name on your wife's birth certificate is not the same as the name on your marriage certificate, copies of prior marriage certificates may be required to establish name continuity from birth to present.

Section F

- ☐ No documentation required.

Section G

Survivor Continuance benefit requires:

- ☐ Copy of your marriage certificate or a birth certificate for each eligible survivor.
 - If you are unable to obtain this documentation, other documents may be accepted (see page 33).

Section H and I

- ☐ No documentation required.

Section J

- ☐ Did you remember to sign and date your application? You must also have your spouse sign and date. If you are not married, just check the box in this section. If you are married but cannot have your spouse sign, you must complete the *Justification for Non-Signature of Spouse* form (PERS-BSD-800-A) and submit that with your application.
- ☐ Don't forget that you need to have the application form notarized or witnessed by a CalPERS representative.



Other Acceptable Documentation (in order of preference)

Birth Date Evidence

- Birth certificate
- Valid driver's license or an identification card
- Baptismal record showing birth date (if baptism occurred at early age)
- Early school record showing birth date or age at a certain year
- Naturalization or immigration certificate
- Insurance policy, if issued before age 21
- Delayed birth certificate, if based on acceptable evidence, not affidavits
- Early census record
- Family Bible with entries made shortly after birth, showing complete date

Marriage Certificate Evidence

- If your beneficiary has naturalization papers or a passport issued in the married name, this may be submitted in lieu of a marriage certificate.
- If a certificate for a prior marriage is not available, your spouse's sworn statement of the name change may be acceptable to establish name continuity.

Where to Send Retirement Forms

Many of the forms in this booklet need to be sent to a variety of sources. To ensure all the forms are completed accurately, use the list below to determine where to send each form.

To Your Employer

- Request for Employee Information (PERS-BSD-64)
- Report of Separation & Advance Payroll Information (PERS-BSD-194)

To Your Treating Physician

- Medical Report (PERS-BSD-1372)

To Your Workers' Compensation Carrier

- Workers' Compensation Carrier Request (PERS-BSD-92)

To CalPERS Member Services Division

- CalPERS Retirement Allowance Estimate Request (PERS-MSD-470)

To CalPERS Benefit Services Division

- Disability Retirement Election Application (PERS-BSD-369-D)
- Justification For Non-Signature of Spouse (PERS-BSD-800-A)
- Justification For Non-Signature of Spouse (PERS-BSD-800-B)
- Beneficiary Designation (PERS-BSD-509)
- Authorization to Release Information (PERS-BSD-35)
- CalPERS Direct Deposit Authorization (PERS-BSD-1199P)

Information Practices Statement

The Information Practices Act of 1977 and the Federal Privacy Act require the California Public Employees' Retirement System to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code (Sections 20000, et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to supply the information may result in the System being unable to perform its function regarding your status. Portions of this information may be transferred to State and public agency employers, State Attorney General, Office of the State Controller, Teale Data Center, Franchise Tax Board, Internal Revenue Service, Workers' Compensation Appeals Board, State Compensation Insurance Fund, County District Attorneys, Social Security Administration, beneficiaries of deceased members, physicians, insurance carriers, and various vendors who prepare the microfiche/microfilm for CalPERS. Disclosure to the aforementioned entities is done in strict accordance with current statutes regarding confidentiality.

You have the right to review your membership file maintained by the System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Coordinator, CalPERS, 400 P Street, P.O. Box 942702, Sacramento, CA 94229-2702.



Disability Retirement Election Application

☐ Disability Retirement

☐ Industrial Disability Retirement

☐ Service Pending Disability Retirement

☐ Service Pending Industrial Disability Retirement

Important: Local Safety Members Should Not Complete Sections C and D.

Section A - Member Information

First Name	Middle Initial	Last Name	Social Security Number
Mailing Address		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
City			Home Phone
State	ZIP	Country	Work Phone

Section B - Retirement Information

Retirement Date (Required for Service Pending)	Employer
Position Title (Do Not Abbreviate)	

Other Final Compensation Period to Be Used: / / / /
From To

Other California Public Retirement Systems: ☐ Yes ☐ No If yes, complete the section below.

Name of System	Date of Retirement
----------------	--------------------

Section C - Workers' Compensation Information

If you filed a Workers' Compensation claim, please provide the following information.

Workers' Compensation Carrier			
Name of Adjuster		Telephone Number	
Mailing Address	City	State	ZIP
Claim Number(s)	Date of Injury(ies)		

First Name	Middle Initial	Last Name	Social Security Number
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Section D - Disability Information

Please complete all the questions below. If you need additional space, attach separate sheets. Please be sure to include your name and Social Security number on all sheets.

What is your specific disability; when and how did it occur?

What are your limitations/preclusions due to your injury or illness?

How has your injury or illness affected your ability to perform your job?

Are you currently working in any capacity (full-time, part-time, or modified work)? If yes, please explain.

Other information you would like to provide.

Did a third party cause your injury? ☐ Yes ☐ No

Name of Treating Physician	Medical Record Number
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Address of Treating Physician		
-------------------------------	--	--

City	State	ZIP
------	-------	-----

First Name Middle Initial Last Name Social Security Number

Section E - Option Election

I have reviewed the options listed and elect the following retirement payment option.

☐ **Unmodified Allowance.** I understand this is the highest monthly allowance payable to me, with no benefits payable upon my death (except the Survivor Continuation Benefit, if applicable). There is no return of contributions.

☐ **Option 1** ☐ **Option 2** ☐ **Option 2W** ☐ **Option 3** ☐ **Option 3W**

☐ **Option 4 (Please check one of the following)**

☐ Option 2W & Option 1 Combined

☐ Option 3W & Option 1 Combined

☐ Specific Dollar Amount to Beneficiary \$_____.00 ☐ Specific Percentage to Beneficiary _____%

☐ Reduced Allowance for Fixed Period of Time _____% or Dollar Amount, Through ____/____/____

☐ Multiple Lifetime Beneficiaries (complete information below)

_____ Name	_____ Date of Birth	_____ Social Security Number
_____ Name	_____ Date of Birth	_____ Social Security Number
_____ Name	_____ Date of Birth	_____ Social Security Number

Beneficiary Information

Beneficiary's Social Security Number _____ Name _____ ☐ Male ☐ Female

Date of Birth _____ Relationship _____

Mailing Address _____ City _____ State _____ ZIP _____

I understand that my election is irrevocable and that by electing Option 2W, 3W, or 4, I forfeit my right to an increase in my allowance based on the conditions described in the Guide to Completing Your CalPERS Disability Retirement Election Application.

First Name	Middle Initial	Last Name	Social Security Number
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Section F - Retired Death Benefit

Lump-Sum Retired Death Benefit Beneficiary

Beneficiary's Social Security Number	Name	Relationship
Mailing Address	City	State ZIP

The person listed above will receive the Lump-Sum Retired Death Benefit which is payable upon my death. I understand that I may change this beneficiary at any time and that any change in my marital status or the birth or adoption of a child automatically revokes this designation.

Section G - Survivor Continuance

Please answer all four questions and complete the information for each section answered "yes".

Are you currently married? ☐ Yes ☐ No

Spouse's Social Security Number	Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
/ /	/ /	
Date of Birth	Date of Marriage	

Do you have any natural or adopted unmarried children under 18? ☐ Yes ☐ No

Child's Social Security Number	Full Name	/ /
		Date of Birth
Child's Social Security Number	Full Name	/ /
		Date of Birth

Do you have any unmarried children who were disabled prior to their 18th birthday and are still disabled? ☐ Yes ☐ No

Child's Social Security Number	Full Name	/ /
		Date of Birth
Child's Social Security Number	Full Name	/ /
		Date of Birth

Are your parents dependent upon you for one-half of their support? ☐ Yes ☐ No

Parent's Social Security Number	Full Name	/ /
		Date of Birth
Parent's Social Security Number	Full Name	/ /
		Date of Birth

First Name Middle Initial Last Name Social Security Number

Section H - Employer Certification (to be completed by employer)

(Certification *required* only for service pending applications.)

Employee's Last Day on Payroll Employee's Separation Date

Balance of Unused Sick Leave Days on Employee's Date of Separation

Balance of Educational Leave Days on Date of Separation (Section 20963.1)

I hereby certify, under the penalty of perjury, that the above information is true, complete, and correct to the best of my knowledge.

Employer Signature Date

Printed Name Employer Phone Number

Section I - Tax Withholding Election (do not complete for Industrial Disability retirement)

Federal Tax Withholding Election (W4P) (Please make one election only.)

- ☐ Do Not Withhold Federal Income Tax.
- ☐ Withhold Federal Income Tax in the amount of \$.00 (monthly).
- ☐ Withhold Federal Income Tax Based on the Tax Tables for:
 - ☐ A Married Individual With Tax Withholding Exemptions. (Enter 0 or a Number)
 - ☐ A Single Individual With Tax Withholding Exemptions. (Enter 0 or a Number)
- ☐ In addition to the amount withheld based on the Tax Tables, Withhold \$.00 (monthly).

State of California Tax Withholding Election (DE4P) (Please make one election only. This is optional for out-of-state residents.)

- ☐ Do Not Withhold State of California Income Tax.
- ☐ Withhold State of California Income Tax in the Amount of \$.00 (monthly).
- ☐ Withhold State of California Income Tax Based on the Tax Tables for:
 - ☐ A Married Individual With Tax Withholding Exemptions. (Enter 0 or a Number)
 - ☐ A Single Individual With Tax Withholding Exemptions. (Enter 0 or a Number)
- ☐ In Addition to the Amount Withheld Based on Tax Tables, Withhold \$.00 (monthly).
- ☐ Withhold State of California Income Tax in the Amount of 10 Percent of the Federal Income Tax Withholding Amount.

First Name	Middle Initial	Last Name	Social Security Number
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Section J - Member Signature & Notary

(When the member is submitting the application and completes Section E, notarization is required.)

I hereby certify, under the penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge. I understand that to request cancellation of this application I must notify CalPERS before the mailing of my first retirement allowance check.

☐ I am not married.

Member's Signature	/ / Date
--------------------	---------------

Spouse's Signature	/ / Date
--------------------	---------------

State of	County of
----------	-----------

On _____ before me, _____, personally known to me **or**

☐ proven to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Notary Seal

Witness my hand and official seal OR authorized CalPERS representative signature.

Representative's Signature

Section K - Employer Originated Application

(To be completed if the employer is submitting the application.)

Printed Name of Authorized Signature	Title
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Employer's Authorized Signature	/ / Date Signed	Employer Phone Number
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CalPERS Retirement Allowance Estimate Request

The purpose of this form is to request an estimate of potential future benefit amounts that will assist you with your financial planning. **This form is not an application for retirement.**

Part 1 - Member Information (please print)

Name	Social Security Number	Date of Birth	
Mailing Address	City	State	ZIP
Home Phone	Work Phone		

Part 2 - Estimate Information

Employer	Projected Retirement Date		
Type of Estimate for Retirement Allowance <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Industrial Disability			

Part 3 - Survivor Continuance Information

- A. Will you have been married at least one year prior to your tentative retirement date? ☐ Yes ☐ No
B. Do you have any unmarried children who are under age 18 or disabled? ☐ Yes ☐ No
C. Are either or both of your parents dependent on you for at least 1/2 of their support? ☐ Yes ☐ No

Part 4 - Beneficiary Information

Relationship	Date of Birth
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Part 5 - Other Option Types Available (Option 4)

CalPERS will provide you an estimate for the standard options. If these do not meet your needs, you may request ONE of the approved Option 4 types listed below.

- ☐ Option 2W & Option 1 combined
☐ Option 3W & Option 1 combined
☐ Multiple Lifetime Beneficiaries: (birthdates) _____
☐ Reduced Allowance for Fixed Period of Time: \$ _____ .00 or _____ %; Duration: _____
☐ Specific % to Beneficiary: _____ %
☐ Specific \$ Amount to Beneficiary: \$ _____ .00

Part 6 - Temporary Annuity

To request a temporary annuity estimate, complete the information below:

Desired Age for Temporary Annuity to Stop (59½ or whole age 60 to 68): _____ Amount: \$ _____ .00

Part 7 - Other California Public Retirement Systems

Are you a member of another public retirement system other than Social Security or military? ☐ Yes ☐ No

If Yes, Name of System: _____ Estimated Final Compensation Amount: \$ _____ .00

Instructions for Completing Form

Part 1 through Part 3 must be completed to process your estimate request. If you have any questions please call the number listed on the front of this form.

Part 1 – Member Information

Name: Provide your first, middle initial, and last name.

Social Security Number: Provide your Social Security number.

Birth Date: Provide month, day, and complete year.

Mailing Address: Provide the mailing address where you wish to receive your estimated retirement allowance.

Telephone Number(s): Provide us your home and/or work number in case we need to reach you.

Part 2 – Estimate Information

Employer: Provide the name of your current or last employer you were with under the California Employees' Retirement System.

Projected Retirement Date: List your projected retirement date. The minimum retirement age for service retirement for most CalPERS members is age 50 with five years of CalPERS service credit. State members under the Second Tier retirement plan must be 55 years old with 10 years of service credit. There are some exceptions to these requirements.

Type of Estimate for Retirement Allowance: Select the type of retirement estimate you wish to receive. Not all CalPERS members are eligible for an Industrial Disability retirement. Please contact your Personnel Office for information on eligibility.

Part 3 – Survivor Continuance Information

Survivor Continuance is an employer-paid benefit payable to an eligible dependent upon your death. To be an eligible survivor you must be married for at least one year prior to your tentative retirement date; an unmarried child who is under age 18 or disabled; or parent dependent on you for at least 1/2 of their support.

Part 4 – Beneficiary Information

A beneficiary is any person(s) you designate to receive a benefit after your death. If you would like to provide a lifetime monthly benefit to a beneficiary, we will need their date of birth.

Beneficiary Birth Date: Provide month, day, and complete year.

Relationship to You: A beneficiary might be a spouse, child, friend, etc.

Part 5 – Other Option Types Available (Option 4)

Under Option 4 the law allows you to design the type of coverage you wish to provide, as long as the amount to your beneficiary(s) is not more than the benefit provided under Option 2W. For additional information please refer to the Retirement Option 4 publication (PERS-PUB-18).

Part 6 – Temporary Annuity

Temporary Annuity is an additional monthly income you may choose to augment your pension from CalPERS. **If you take a disability retirement a Temporary Annuity is not available.** The benefit is payable from your retirement date to a specific age that you select – 59½ or any whole age from 60 to 68. You can also name the dollar amount you wish to receive within certain limitations. It is important to note that this benefit is not free. Your CalPERS monthly lifetime retirement allowance is reduced to pay for your Temporary Annuity. For additional information please refer to the Temporary Annuity publication (PERS-PUB-13).

Part 7 – Other California Public Retirement Systems

Reciprocity is an agreement CalPERS has with many public retirement systems that allows movement from public employer to public employer within a specified time limit, without losing valuable retirement and related benefit rights. For additional information please refer to the When You Change Retirement Systems publication (PERS-PUB-16).

CalPERS Web Site

You have taken an important step in planning your retirement by requesting an estimate of your retirement allowance. You may obtain additional information on all programs administered by CalPERS by logging on to our web site at www.calpers.ca.gov. In addition, this site includes a Retirement Planning Calculator; by entering some personal information, the calculator provides an estimate of your monthly retirement benefit.



Beneficiary Designation

Member's Full Name

Social Security Number

/ /
Date of Birth

Telephone Number

Check either Box 1 or Box 2. If you check Box 2, indicate benefit type.

1. ☐ I hereby designate the following person(s) who survive me, SHARE AND SHARE ALIKE, as BENEFICIARIES for any lump-sum death benefits payable under the Public Employees' Retirement Law in the event of my death as a retired person.

OR

2. ☐ I wish to designate separate beneficiaries for the various lump-sum benefits that may be payable. This designation is for:

☐ Lump-Sum Death Benefit ☐ Option 1 Balance ☐ Temporary Annuity ☐ Option 4 – Option 1 Balance

Primary Beneficiaries

Full Name

Relationship to Member

Social Security Number

Mailing Address

City

State

ZIP

Full Name

Relationship to Member

Social Security Number

Mailing Address

City

State

ZIP

Full Name

Relationship to Member

Social Security Number

Mailing Address

City

State

ZIP

Secondary Beneficiaries

In the event I survive the person(s) named above, I hereby designate the following person(s) who survive me, SHARE AND SHARE ALIKE, as BENEFICIARIES.

Full Name

Relationship to Member

Social Security Number

Mailing Address

City

State

ZIP

Full Name

Relationship to Member

Social Security Number

Mailing Address

City

State

ZIP

(Please continue to back)

Member Acknowledgment

Should I survive all of the persons named, I understand that the benefits payable on account of my death will be paid to my statutory beneficiaries, or to such other beneficiary or beneficiaries that I may hereafter designate in writing to the CalPERS Board of Administration, all in accordance with the applicable provisions of law.

By this beneficiary designation, I hereby revoke any previous designation I have filed. I understand that my marriage, dissolution or annulment of my marriage, or the birth or adoption of a child subsequent to the date I execute this form will automatically void this designation.

☐ **I am not married.**

_____/_____/_____
Member's Signature Date

Spouse's Acknowledgment

By signing this beneficiary designation form, I acknowledge that I am aware of the designation made by my spouse. I also hereby state that I am the current spouse.

_____/_____/_____
Spouse's Signature Date

_____/_____/_____
Date of Marriage

Please Note: If your spouse does not sign this form or if you did not check the "I am not married" box above, a Justification for Non-Signature of Spouse (PERS-BSD-800-B) must be completed and submitted with this Beneficiary Designation.



Justification for Non-Signature of Spouse

To Be Used With Disability Retirement Election Application (PERS-BSD-369-D)

Pursuant to Government Code Section 21261, the member's current spouse must be made aware of the selection of benefits or change of beneficiary made by a member. The spouse of a CalPERS member must acknowledge the submission of: a request for refund of contributions, election of retirement optional settlement, and designation of beneficiary for retirement death benefits.

If a spouse's signature does not appear on one of the above-named documents, the following information **MUST** be completed by the member and submitted with the application for retirement.

Name

Social Security Number

- ☐ I am not legally married (never married, divorced, widow/er).
- ☐ I am married, but my spouse did not sign the form because either:
- ☐ I do not know and have taken all reasonable steps to determine the whereabouts of my spouse,
OR
 - ☐ My spouse has been advised of the application and has refused to sign the acknowledgment,
OR
 - ☐ My spouse is incapable of executing the acknowledgment because of an incapacitating mental or physical condition,
OR
 - ☐ My spouse has no identifiable community property interest in the benefit,
OR
 - ☐ My spouse and I have executed a marriage settlement agreement which makes the community property law inapplicable to the marriage.

I hereby certify, under the penalty of perjury, that the foregoing information is true and correct.

Signature of Member

Date



Justification for Non-Signature of Spouse

To Be Used with Beneficiary Designation Form (PERS-BSD-509)

Pursuant to Government Code Section 21261, the current spouse of a retired CalPERS member must be made aware of any change of beneficiary made by a member.

When the spouse's signature does not appear on the document filed with CalPERS to record a change in beneficiary designation, a statement **MUST** be filed giving an explanation for the absence of the spouse's signature.

Name Social Security Number

Date of Birth Telephone Number

- ☐ I am not legally married (never married, divorced, widow/er).
- ☐ I am married, but my spouse did not sign the form because either:
- ☐ I do not know and have taken all reasonable steps to determine the whereabouts of my spouse,
OR
 - ☐ My spouse has been advised of the application and has refused to sign the acknowledgment,
OR
 - ☐ My spouse is incapable of executing the acknowledgment because of an incapacitating mental or physical condition,
OR
 - ☐ My spouse has no identifiable community property interest in the benefit,
OR
 - ☐ My spouse and I have executed a marriage settlement agreement which makes the community property law inapplicable to the marriage.

I hereby certify, under the penalty of perjury, that the foregoing information is true and correct.

Signature of Member Date



Request for Employee Information

Name of Employer/Agency

Attention Personnel Officer

RE:

Name of Applicant

Social Security Number

Job Title

I have submitted an application for disability retirement with the California Public Employees' Retirement System (CalPERS). I am submitting this letter to you (my employer) on behalf of CalPERS. CalPERS is seeking information to substantiate my disability.

As soon as possible, **please send CalPERS all available job descriptions for the positions I held. CalPERS would appreciate receiving the most detailed information you have. This includes, for example: duty statements, job analyses, position descriptions, POST orders, and physical demand studies. These documents must be identified with my name and Social Security number. Please include a copy of all accident reports, medical reports, and personnel actions filed within the past five years. If you have additional comments, please submit.**

When the CalPERS determination of disability is completed, they will inform you. **When you are notified of their determination you will have the right to appeal the approval/denial of the application for disability retirement for the medical condition stated, in accordance with Section 555.3, Title II, California Code of Regulations by filing a written request with CalPERS within 30 days of the mailing of the determination letter. An appeal if filed should set for the factual basis and legal authorities for such appeal.**

Under the law, if a person (other than my employer) caused an injury that results in certain CalPERS benefits being paid, CalPERS has the right to recover up to one-half of the total retirement benefit costs payable from the responsible party. This right is known as a "right of subrogation" (Government Code, Section 20250 et seq.).

Please advise CalPERS if you are aware of any claim (other than a Workers' Compensation claim) against any person or entity for the same injuries that also entitle me to a disability retirement from CalPERS.



Benefit Services Division, P.O. Box 2796, Sacramento, CA 95812-2796
Telecommunications Device for the Deaf - (916) 326-3240 • FAX (916) 658-1280 • (800) 352-2238

Authorization to Release Information

You are hereby authorized to furnish the California Public Employees' Retirement System (CalPERS), or its representative, any and all information including photocopies of records in your possession, which CalPERS requires solely to assist in determining my physical or mental condition, illness, or disability.

The purpose of this authorization is to assist the CalPERS in determining my right to retirement or reinstatement under the Retirement Law, pursuant to Government Code Section 20128, and no other purpose. This authorization shall be valid for four years from the date shown below. A photographic copy of this authorization shall be as valid as the original. I know that I may request to receive a copy of this authorization.

_____/_____/_____
Signature Date

Address City State ZIP

Telephone Number

This release applies equally to personnel and other employment related records on file with any of my present or former employers which reflect my job duties, work performance, and other work-related issues, including but not limited to, attendance and sick leave records, and records of administrative and judicial action arising out of, or related to, my past or present employment.

_____/_____/_____
Signature Date

Note: Employee must sign both signature lines.



Benefit Services Division, P.O. Box 2796, Sacramento, CA 95812-2796
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_____/_____/_____
Signature Date

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Medical Report

Applicant's Social Security Number _____

Notice To Physician

The following information is needed for use in connection with the patient's application for disability retirement allowance under the California Public Employees' Retirement Law. Please provide your full reply, in order to completely describe the nature and severity of impairment.

Applicant's Name _____ Date of Birth _____ / _____ / _____ Occupation _____

For Kaiser Patients, Medical Record Number: _____

Part 1 Physical Measurement

Height: _____ Weight : _____

Part 2 History

Date of First Visit: _____ / _____ / _____ Date of Last Visit: _____ / _____ / _____

Date Present Illness or Injury Occurred: _____ / _____ / _____ Date Applicant Unable To Work: _____ / _____ / _____

Applicant Injured on Job? ☐ Yes ☐ No If Yes, How Did Injury Occur? _____

Applicant Injured Other Than on Job? ☐ Yes ☐ No If Yes, How Did Injury Occur? _____

Remarks: _____

Part 3 Present Condition

Subjective Symptoms: _____

Objective Findings: _____

Report X-rays, EKGs, laboratory or diagnostic test, with dates. Use additional sheets if necessary.

Part 4 Diagnosis

Part 5 Incapacity

List Specific Activity Restrictions (if any): _____

Presently Incapacitated from Performance of Usual Duties? ☐ Yes ☐ No If Yes, Describe.

Will Incapacity Be Permanent? ☐ Yes ☐ No If Not, Probable Duration: ☐ 3 mos. ☐ 6 mos. ☐ 1 yr. ☐ 2 yrs.

Applicant Mentally Able to Handle Financial Affairs & Enter Into Legally Binding Contracts? ☐ Yes ☐ No

Applicant Competent to Endorse Checks with the Realization of Nature & Consequence of the Act? ☐ Yes ☐ No

If disability is due to the following conditions, describe latest finding and dates.

Cardiac

Precise Diagnosis Including Functional and Therapeutic Classification, American Heart Association:

_____ Blood Pressure

Pulmonary

Acute Attacks: _____
Frequency/Duration/Severity

Emphysema: _____

Orthopedic

Physical Findings: (For all joints involved – deformities, tissue & bone destruction, range of motion.)

X-ray Report: _____

Neurological (Add separate narrative if necessary.)

Describe any of the following conditions: (Indicate severity, distributions, & residual function.)

☐ Atrophy ☐ Hemiplegia ☐ Tremors ☐ Paralysis ☐ Mental Disturbances ☐ Impaired Speech ☐ Gait

Visual

Visual Acuity After Best Correction Right: _____ Left: _____

Visual Fields (attach chart if available) Right: _____ Left: _____

Part 6 Signature

Mail completed report directly to the CalPERS. **Do not give to applicant.**

CalPERS has my permission to release a photocopy of report to applicant, upon written request. ☐ Yes ☐ No

Printed Name of Physician or Organization

Signature

Title

Address

City

State

ZIP

Telephone Number

Date



Workers' Compensation Carrier Request

(Complete and sign top portion, then send form directly to the carrier.)

I have submitted an application for disability/industrial disability retirement with the California Public Employees' Retirement System (CalPERS). You are hereby authorized to furnish CalPERS, or its representative, any and all information, including photocopies of records in your possession, which CalPERS requires solely to assist in determining my physical or mental condition, illness, or disability. The purpose of this authorization is to assist CalPERS in determining my right to retirement or reinstatement under the Retirement Law pursuant to Government Code Section 20128; and no other purpose. This authorization will be valid for four years from the date shown below. A photographic copy of this authorization shall be valid as the original.

Your help is needed in the evaluation of my eligibility for disability retirement. Please send CalPERS a copy of all medical reports for the claim number(s) listed below. Include any job descriptions/job analyses, depositions, investigation reports, videotapes, and approved orders from the Workers' Compensation Appeals Board.

To Be Completed By Member

Applicant's Name _____ Claim Number(s) _____

Applicant's Date(s) of Injury(ies) _____

Employer _____

Applicant's Signature _____ / / _____
Date

To Be Completed by Workers' Compensation Carrier

Claim Number(s)	WCAB Number(s)	Nature of Injury	Liability Accepted <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	----------------	------------------	---

Claim Number(s)	WCAB Number(s)	Nature of Injury	Liability Accepted <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	----------------	------------------	---

If Liability Not Accepted, Provide Reason: _____

Is Condition Permanent and Stationary? ☐ Yes ☐ No If No, What is Estimated Time? _____ (months)

Are Further Exams Scheduled? ☐ Yes ☐ No If Yes, Give Date: _____ / /

Doctor's Name: _____ Specialty: _____

(Please continue to back)

Has the WCAB Approved a Permanent Disability Rating? ☐ Yes ☐ No

If Yes, What Is F&A: _____ % Stipulated Award: _____ % C&R: \$ _____

Has a Petition for Reconsideration Been Filed? ☐ Yes ☐ No

Is There a Possibility of Third Party Liability? ☐ Yes ☐ No

Are You in the Process of, or Have You Completed Any Investigations? ☐ Yes ☐ No If Yes, provide copies.

Please Supply Any Additional Background, Information, or Comments on Applicant.

_____/_____/_____
Signature Date Telephone Number

Medical Reports Must Be Enclosed With This Form

Instructions to Member on Completing Form

If you have filed a Workers' Compensation claim for your illness or injury, the Workers' Compensation Carrier Request form must be completed by your employer's Workers' Compensation Insurance carrier.

You **must** complete the top portion of the form as shown below.

- Applicant's Name
- Date(s) of Injury(ies)
- Employer's Name
- Applicant's Signature
- Date

Send the form directly to your Workers' Compensation carrier. They will complete the form and send the requested information to CalPERS.



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Report of Separation & Advance Payroll Information

(Please complete and return as soon as possible.)

To: CalPERS
P.O. Box 942716
Sacramento, CA 94229-2716

From: _____
Name of Employing Agency

Member Name

_____/_____/_____
Social Security Number Requested Retirement Date

The above named member has applied to CalPERS for disability retirement. Your cooperation in immediately providing an advance estimate of the following information is critical for CalPERS to make accurate payment to the member at the earliest possible date.

Part 1 Effective Dates Regarding Separation

(Last day on pay status will be upon expiration of accrued sick leave or compensated time off.)

_____/_____/_____
Separation Date Last Day on Pay Status

Leave of Absence With Compensation

_____/_____/_____
Beginning Date Ending Date Time of Compensation

(Explain difference between date of separation and last day on pay status, if any.)

Part 2 Advance Estimate of Payroll & Contribution Information

Report for the last four months on pay status by payroll service period. Contributions should not be deducted after separation.

Pay Period		Payrate (Hourly/Daily/Monthly)	Time Worked			Amount Earned	Retirement Contributions		
From	Thru		(Hours/Days/Months)				Normal	Other	Specify

For **public agency employers**, please refer to the *Public Agency Procedures Manual*, or contact CalPERS for information regarding the completion of the PERS-BSD-194.

(Please continue to back)

Part 3 Unused Sick Leave at Time of Separation

Enter the total number of days of unused sick leave the employee had at the time of separation. Accumulated hours must be converted to days using the appropriate conversion factor applicable to each employee's individual classification or position. Calculate to three decimal places.

Total Number of Days of Unused Sick Leave: _____

Part 4 Certification of Employer

The above information is based on payroll information currently available.

Signature of Payroll Officer	Title
_____/____/____	_____
Date	Telephone Number



Benefit Services Division, P.O. Box 942716, Sacramento, CA 94229-2716
CalPERS Telecommunications Device for the Deaf - (916) 326-3240 • FAX (916) 326-3934 • (800) 352-2238

CalPERS Direct Deposit Authorization

First Name Middle Initial Last Name

Mailing Address City State ZIP

To sign up for Direct Deposit, simply complete this authorization. You must check the type of account (checking or savings), and sign and date this authorization. If you want Direct Deposit to your checking account, attach your voided or canceled check. If your address is incorrect on the check, please correct it. **Do not attach a deposit slip.**

If you are authorizing CalPERS to directly deposit your monthly benefit into your savings account, if you do not wish to attach a voided or canceled check, or you do not have printed personalized checks, please visit your financial institution to obtain the correct routing and account numbers. Your financial institution will be able to answer any questions you may have about the effectiveness of Direct Deposit. **If you attach your voided, personalized check, you do not need to visit your financial institution.**

Please include your telephone number so we may contact you if we have any questions about your CalPERS Direct Deposit Authorization. You may also call us at the above number if you have any further questions.

You will receive your monthly benefit by Direct Deposit approximately 60 days after CalPERS receives this authorization. During this time, CalPERS will run a test transaction through the banking system. You will receive written notification to let you know when you can expect to receive your first Direct Deposit.

____ - ____ - _____
Social Security Number

Phone Number (with area code)

Type of Account (check one)

☐ **Checking** (attach a voided or canceled check) ☐ **Savings**

Certification

I certify that I am entitled to the payment identified above, and that I have read and understood the information and instructions on this form. In signing this form, I authorize my payment to be sent to my financial institution and deposited to the designated account. I authorize amounts transferred after my death or transmitted in error to be debited to my account. If the funds have been withdrawn following my date of death, I authorize my financial institution to release the name and address of the person(s) responsible for reimbursement to CalPERS.

Signature of Payee

Date

To be completed by financial institution if you are authorizing your direct deposit to your savings account or if you do not have printed personalized checks.

Name and Address of Financial Institution

Depositor Branch and Account Number
(show the number exactly as recorded including necessary spaces, zeroes, or dashes.)

Branch Name and Number

Branch Telephone Number

Routing Number Check Digits

I confirm the identity of the above-named payee(s) and the account number. As a representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above.

Signature of Representative

Print/Type Representative's Name

Date

Attach your voided or canceled check here.
Do not attach a deposit slip.





Other Things *to Consider*



As you move into retirement, there are some important items you need to consider. Taking the time to understand these issues now will mean no “surprises” later.

Health Coverage

If you are now a member of the CalPERS Health Program, you must meet specific requirements to continue your health insurance coverage into retirement, or maintain the right to re-enroll in the future after retirement.

To continue your CalPERS health benefit coverage after retirement, you must:

- retire within 120 days of your separation from employment; and
- be enrolled in a CalPERS health plan upon separation from employment, either in your own name or as a dependent. (Individuals participating in a “cash in lieu” or “flex” program are considered enrolled in the CalPERS Health Program.)

If you do not satisfy both of these requirements before you retire, you will lose all future rights to be in the CalPERS Health Program. If your family members are included in your CalPERS health plan at the time of your death, their enrollment will continue automatically if they are eligible and if they receive a monthly allowance. For more information on health coverage, contact the CalPERS Health Benefit Services Division at (800) 237-3345.

Dental Coverage (State Members Only)

To continue this coverage into retirement, you must be enrolled in (or eligible for) a State-sponsored dental plan on the date of your separation, and you must retire within 120 days of your separation.

If you need more information, contact your Personnel Office or the Department of Personnel Administration at (916) 322-0300.

Vision Care (State Members Only)

Currently, the vision plan offered to State active employees does not continue into retirement.

Long-Term Care Program

If you are enrolled in the CalPERS Long-Term Care Program and have premiums deducted from your paycheck, you will need to call the program’s Customer Service Center at (800) 982-1775 before you retire to find out what steps are needed to continue your premium deductions after retirement.

Other Deduction Payments

Many types of payments can be deducted from your monthly retirement check, such as car payments, retiree association fees, charitable contributions, savings account deposits, etc. To make sure any deductions you currently make continue after you retire, or to add new deductions, you must contact the provider and complete a direct authorization deduction request to be forwarded to CalPERS.

Vesting for School and Other Part-Time Members

Vesting refers to your right to receive a monthly retirement allowance if you meet certain service credit and other eligibility requirements. To be vested, you usually need to have a minimum of five years of CalPERS service credit. (State Second Tier members are usually required to have a minimum of 10 years' service.)

If you are employed on a part-time basis and have **worked** at least five years, you may be eligible to retire with less than the required years of service credit. **(It takes 10 months of full-time employment or 1,720 hours to equal one year of CalPERS service credit.)** However, the retirement benefit you receive will still be based on your actual service credit amount.

If this is your situation and you are at least age 50, you should complete an application and have CalPERS determine if this "exception" applies to you. Or you can contact your nearest CalPERS Regional Office for assistance.

Changing Your Option Election Or Beneficiary After Retirement

There are limited situations when you can change your beneficiary after retirement. If there is a change in your marital status, or your designated beneficiary dies, you may be entitled to elect a new benefit and designate a new beneficiary. If this occurs, contact CalPERS to request a *Changing Options and Beneficiaries After Retirement* form (PERS-PRS-411).

You may change your beneficiary for Option 1 or the Retired Death Benefit at any time by filing a *Beneficiary Designation* form with CalPERS. A change in your marital status or the birth or adoption of a child after retirement will automatically revoke a previous beneficiary designation for any lump-sum benefits.

How to Reach Us

CalPERS representatives will be happy to help you Monday through Friday, 7:00 a.m. to 5:30 p.m. at (800) 352-2238. Or you can use our voice mail feature available 24 hours a day, 7 days a week.

You can:

- order a form or booklet
- request an estimate
- request general retirement information
- request information on our retirement planning workshops
- report a lost check
- leave a message to have a CalPERS representative call you back

For More Information

CalPERS Headquarters

400 P Street
Sacramento, CA 95814
(800) 352-2238
Telecommunications Device for
the Deaf: (916) 326-3240
FAX: (916) 558-4019

Sacramento Regional Office

2750 Gateway Oaks, Room 140
Sacramento, CA 95833
(800) 352-2238
as of June 2000: (877) 720-7377
FAX: (916) 231-7878

Fresno Regional Office

10 River Park Place East, Suite 230
Fresno, CA 93720
(559) 440-4900
as of late 2000: (877) 720-7377
FAX: (559) 440-4901

Glendale Regional Office

Glendale Plaza
655 North Central Ave, Suite 1400
Glendale, CA 91203
(877) 720-7377
FAX: (818) 662-4304

Mountain View Regional Office

650 Castro Street, Suite 240
Mountain View, CA 94041
(650) 428-4600
as of late 2000: (877) 720-7377
FAX: (650) 428-4601

Orange Regional Office

500 North State College Blvd., Suite 750

Orange, CA 92868

(714) 939-4700

as of late 2000: (877) 720-7377

FAX: (714) 939-4701

San Bernardino Regional Office

650 East Hospitality Lane, Suite 330

San Bernardino, CA 92408

(909) 806-4800

as of late 2000: (877) 720-7377

FAX: (909) 806-4820

San Diego Regional Office

7676 Hazard Center Drive, Suite 350

San Diego, CA 92108

(619) 220-7200

as of late 2000: (877) 720-7377

FAX: (619) 220-7201

San Francisco Regional Office

301 Howard Street, Suite 2020

San Francisco, CA 94105

(415) 369-8500

as of late 2000: (877) 720-7377

FAX: (415) 369-8501

Some Publications of Interest

- Employment After Retirement (PERS-PUB-33)
- CalPERS Retired Member Death (PERS-PUB-46)
- The Power of Attorney (PERS-PUB-30)
- Taxes and Your Retirement (PERS-PUB-34)
- Changing Options and Beneficiaries After Retirement (PERS-PRS-411)
- When You Change Retirement Systems (PERS-PUB-16)

CalPERS On-Line

www.calpers.ca.gov

Our web site provides a quick, easy way to get CalPERS information.

- complete a retirement estimate
- find out about Financial Planning Seminars and Retirement Workshops
- learn more about taxes, your retirement and your 1099R-tax form
- download forms and publications
- learn more about CalPERS programs
- membership questions
- retirement information
- health benefit issues
- Member Home Loan Program
- Long-Term Care Program
- 457 Public Agency Deferred Compensation Program
- and much more!

While reading this material, remember that we are governed by the California Public Employees' Retirement Law. The statements in this booklet are general. The Retirement Law is complex and subject to change. If there is a conflict between the law and this booklet, any decisions will be based on the law and not this booklet.



California Public Employees' Retirement System

400 P Street

Sacramento, CA 95814

www.calpers.ca.gov

PERS-PUB-35

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